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SERIAL NUMBER 10/037,307	FILING DATE 12/31/2001 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. InFraReDx-14
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APPLICANTS

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** CONTINUING DATA *****

A.D. (None)

** FOREIGN APPLICATIONS *****

A.D. (None)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/22/2002

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 9	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Multi-fiber catheter probe arrangement for tissue analysis or treatment.

FILING FEE RECEIVED 642	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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